



**Helena Area**  
**Kids Management Authority**  
*RELEASE OF INFORMATION*

TO: \_\_\_\_\_  
 Parent/Guardian's Name(s)

\_\_\_\_\_  
 Address  
 \_\_\_\_\_

From: \_\_\_\_\_  
 KMA/Interdisciplinary Child Information Team Representative

We request your permission to release personally identifiable information, including but not limited to the education records, psychological reports, psychiatric reports, medical information, counseling data, state agency records and juvenile records of your child, \_\_\_\_\_, for the purpose of planning and coordinating effective services amongst providers and agencies. Prior to any service plan being implemented, parental consent and participation will be sought.

Only essential information that is necessary to effectively coordinate services for this child will be exchanged. All information will be kept confidential.

\_\_\_\_\_  
 Name(s) of Parent(s)/Guardian(s)

\_\_\_\_\_  
 Signature(s) of Parent(s)/Guardian(s)

\_\_\_\_\_  
 Witness Name

\_\_\_\_\_  
 Witness Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Expiration Date

03/06/07